

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number:

10/516804

CLAIMS AS FILED - PART I

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
XS 9=	
X44=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	950
XS16=	
X88=	
X300=	
TOTAL	950

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

TOTAL CLAIMS	(Column 1)	(Column 2)
NUMBER FILED		NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19	minus 20=
INDEPENDENT CLAIMS	1	minus 3=
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20 = -
Independent	1	Minus	3 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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